

Educational Material Order Form - Revised December 2005

Facility Name:		Date:	
Contact Person:		Phone:	
Street Address:		Fax:	
City	State:	Zip:	

ITEM		AMOUNT		ITEM		AMOUNT		
		English	Spanish			English	Spanish	
BROCHURES	"Protect Your Baby From Hepatitis B"			REPORTING FORMS	Vaccine Adverse Event Reporting System ((VAERS)**			
	"Bee Wise, Immunize!"				VAERS Brochure: "Introduction to VAERS"***			
HEPATITIS B FORMS	Perinatal Hepatitis B Surface Antigen Case Report (IMM-40)**			VFC FORMS	Monthly Immunization Report Form (IMM-1)**			
	Monthly Hepatitis B Surface Antigen Activity Report (IMM-41)**				Monthly Tally Sheet (optional)**			
	Hepatitis B Medical Alert Card (IMM-42)**				Vaccine Order Form (IMM-2)**			
IMM RECORDS	Kansas Immunization Record "Pink" Book (IMM-6)*				Educational Material Order Form (IMM-3)**			
	Adult Immunization Record Book*				Vaccine Documentation/Consent Form (IMM-51)*			
	Plastic Jackets for Immunization Record "Pink" Book (IMM-6J)*				VFC Immunization Services Sign**			
	Immunization Administration Chart Record (IMM-7)*				VFC MONTHLY TEMPERATURE LOGS			
IMM SCHEDULE	ACIP Recommended Immunization Schedule (IMM-4)**				VACCINE MANAGEMENT MANUAL			
	Kan Bee Done by One Schedule**				VACCINE INFORMATION STATEMENT (VIS) List below any foreign language packet needed (other than Spanish) \	DTP/DTaP/DT*		
	Wallet-size "Bee Wise" Immunization Schedule*					TDaP*		
Parent Reminder Postcards (IMM-21)*			Td*					
REMINDER RECALL AIDS	Immunization Tickler Cards (IMM-22)*			MMR*				
	Immunization Record Cards (IMM-23)* 3x5 5x7			Polio*				
	Kansas Certificate of Immunizations (KCI)*			HIB*				
SCHOOL FORMS	KCI Medical Exemption Form (KCI Form B)**			Hepatitis A*				
	Kansas Statutes Related to School Immunizations*			Hepatitis B*				
	Kansas Classroom Handbook of Communicable Diseases			Varicella*				
	CONTINUOUS READ THERMOMETER SUPPLIES	CRT TEMPERATURE CHARTING WHEEL (1 Year Supply)				Pneumococcal Conjugate*		
CRT GRAPHING PENS (6 PK)				Influenza (Seasonal)*				
ORDERING INFORMATION					Pneumococcal Polysaccharide**			
					Meningococcal**			
* Pads/Packages of 100 ** Single Copies Only								

FAX: 785/296-6510 (Call 785/296-5591 to confirm receipt) E-MAIL: dlbaker@kdhe.state.ks.us MAIL: Kansas Immunization Program, 1000 SW Jackson Street, Suite 210, Topeka, KS 66612

ALLOW 30 DAYS FOR DELIVERY--Material obtained through this program must be provided free of charge